



Wisconsin Department of Public Instruction
CHILD AND ADULT CARE FOOD PROGRAM
REIMBURSEMENT CLAIM
(ADULT CARE COMPONENT)
PI-1489-A (Rev. 8-05)

INSTRUCTIONS: Complete three copies. Retain one copy for your files. Submit **original** and **one** copy no later than the **15th** of the month following the month covered by the claim to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
ATTN: JACQUE JORDEE
FEDERAL AIDS AND AUDIT SECTION
P.O. BOX 7841
MADISON, WI 53707-7841

Agreement No.	Month	Year	Claims submitted more than 60 days after the end of the claiming month cannot be paid unless a special exemption is granted by the USDA.

Sponsoring Agency	Address Street, City, State, ZIP	Telephone Area/No.
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I. CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT DATA

1. Non-needy Category	2. Reduced Category	3. Free Category	4. Total Enrollment
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II. PARTICIPATION DATA

	Nonprofit Centers	For Profit Title XIX Centers	For Profit Title XX Centers
5. Number of Sites*			
6. Number of Days of Service			
7. Average Daily Attendance			

	Breakfasts	AM Snacks	Lunches**	PM Snacks	Suppers**	Additional Snack	Total
8. No. of Meals Served to Adult Participants							
9. No. of Meals Served to Program Staff***							
10. No. of Meals Served to Nonparticipating Adults and Nonprogram Staff***							

DPI Use Only		III. CERTIFICATION		
Meal Reimbursement _____		I CERTIFY , to the best of my knowledge, both sides of this claim are true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of existing agreements(s); and that payment, therefore, has not been received.		
Commodity _____				
TOTAL ➤ _____				
Voucher Number	Date of Check	Signature of Authorized Representative ➤	Title	Date

* If two or more sites are operated, complete page 2.

** Cash in lieu of commodities will be paid on these meals

*** CACFP Reimbursement is not paid for these meals.

Collection of this information is a requirement of PL 95-627

